

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/517542</u>	
--------------------------	--	------------------------------------	--

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

10 REASON:	
<input checked="" type="checkbox"/> Overpayment	
<input type="checkbox"/> Duplicate Payment	
<input type="checkbox"/> No Fee Due (Explanation):	

7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>
8 TO BE REFUNDED BY:		
Treasury Check		
Credit Deposit A/C #:		
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 14--1270 </div>		

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>J. T. H.</u> SIGNATURE: <u>[Signature]</u> OFFICE: <u>PCT</u>	TITLE: <u>[Signature]</u> PHONE: _____

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: